

Policy /Procedure Document <small>Page 1 of 10</small>	
Manual:	0.70 Department Area Manual Emergency Care Center Policies
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Required Approvals:	Professional Practice Research Committee:
Leadership/Board:	Council Hospital Leadership

TITLE:	Patient Sexual Assault Evaluation and Management
SCOPE:	ECC patients
DOCUMENT TYPE:	Policy
PURPOSE:	To establish guidelines in the care and treatment of the sexually assaulted patient. To identify and treat injuries, assess and treat medical conditions, assess risk for pregnancy and sexually transmitted disease and to provide prophylaxis for sexually transmitted diseases and emergency contraception when appropriate and indicated.
PHILOSOPHY:	<p>Sexual assault is a serious crime that creates significant challenges to healthcare professionals who create an overall plan to treat the medical, emotional, physical safety, and legal needs of the patient. The sexual assault response team (SART) model is used in this community hospital to enhance public safety by increasing public awareness, increasing reporting, and facilitating investigation. SART creates a plan that addresses issues pertaining to the immediate response to sexual assault.</p> <p>Our goals are:</p> <ol style="list-style-type: none"> 1) to provide care to the sexual assault patient that protects their privacy, integrity and legal rights; 2) to provide the patient with information regarding the Sex Crime Victim Application for Benefits; 3) to meet legal requirements for the collection of forensic evidence and; 4) To maintain chain of custody.
DEFINITIONS:	NA
PROCEDURE:	

Preservation of Evidence

The patient is instructed by the triage nurse not to engage in activities that may destroy important evidence that can be used to identify the perpetrator including eating, smoking, drinking, undressing, gargling, bathing, showering, brushing teeth, chewing gum, washing/cleaning the genital area, urinating and/or defecating before the forensic exam. If the patient absolutely needs to urinate, collect at least 100cc of urine for a drug screen. Mark the specimen with time of collection, who collected it (remembering to instruct the patient not to

wipe the genital area with toilet paper or a wipe). The RN/SANE will later determine if the urine specimen needs to be analyzed in the case of a drug-facilitated sexual assault.

Triage

1. The triage nurse will take the vital signs (except for temperature), allergies, medication history, LMP, demeanor, tetanus status, and notes obvious injury or complaints of pain.
2. Do not ask any questions about sexual assault at this time.
3. Notify Charge Nurse of this patient.
4. With the patient's consent, the triage RN will call SOS advocate (289-HELP) immediately.
5. The patient should be asked if they have notified Law Enforcement. If they have not and wish to make a report, notify Law Enforcement at this time. (See Law Enforcement section).
6. Upon arrival, patient will be taken to a closed room or to the meditation/consultation room (if no room is available). The only exception is if the patient has a physical injury that warrants emergent medical attention.
7. The admitting clerk should be notified to register the patient as "SANE" if it is a known SANE case. If at any time the patient does not meet the requirements of the Sexual Assault Victims Crime Fund, notify registration to obtain further billing information.
8. For patient confidentiality identify the patient as a privacy patient and mark 'OTHER' as the chief complaint when registering the patient. On the triage assessment, please note that "Rape" is a legal term, not a diagnosis. Assessment throughout the chart, beginning at Triage, should be "History of Sexual Assault," "Report of Sexual Assault," or "Concern of Sexual Assault." Do **NOT** use the term "Alleged Sexual Assault."

Notification

The charge nurse will assign the sexual assault nurse examiner (SANE). If a SANE is not available, a designated trained RN will proceed with the patient's care. The charge nurse will inform the ED physicians that the patient is in the ED. Ideally, the patient should not be left alone. If the patient consents, the chaplain can be notified and will stay with the patient until the SOS advocate arrives.

Reporting of Sexual Assault to Law Enforcement:

If patient reports sexual assault to law enforcement, evidence for crime lab is transferred to appropriate law enforcement agency. This is appropriate if assault occurred within prior 96 hours.

If patient does not wish to report sexual assault to law enforcement agency, they are offered the option of having an anonymous kit collected, if assault occurred within prior 96 hours. (See policy referring to anonymous sexual assault kit collection). These kits are kept in storage for one year. Patients qualify for the Sex Crime Victim Fund Application for Benefits if the assault is reported within 96 hours.

Law Enforcement Notification

In Indiana it is the patient's right to decide if law enforcement will be notified unless a weapon was used; then it must be reported to the appropriate law enforcement agency. Law enforcement may be notified that a sexual assault has occurred but the patient chooses not to report the crime. Law enforcement is to be available and may be utilized as a resource when questions arise regarding the legal process.

If the patient wants law enforcement notified, and notify the appropriate agency.*

Indiana State Police	1-574-233-1123
St. Joseph County Police	1-574-235-9611
South Bend Police Department	1-574-235-9361 (or red phone)
Michigan State Police	1-269-683-4411

Notre Dame Security	1-574-631-5555
St. Mary's College Security	1-574-284-5000
Mishawaka Police Department	1-574-258-1678

*Notify the agency that covers the exact location where the sexual assault occurred.

Providing the patient does not need emergent medical care, the patient is placed in a closed room with the advocate (if the patient consents to having the advocate). Law enforcement may interview the patient briefly at this time.

If the patient does not want a police report completed, or law enforcement notified of the crime, the patient is offered the opportunity to have an anonymous sexual assault kit collected. (See attached protocol for Anonymous Sexual Assault Kit Collection) The patient has the right to refuse collection of a sexual assault kit. Consequences of the patient's decision are explained, and a sexual assault kit is not collected. The medical exam would then be performed, pregnancy test done, medications given, diagnostic tests done, and the appropriate follow-up given

History and Initial Evaluation: (SANE/ER Registered Nurse Function)

Initial Contact:

1. Assess the patient's
 - Desire for support person of choice including partner and/or advocate.
 - Emotional state/mental health status.
 - Disabilities: physical, emotional, developmental.
 - History of psychosocial dysfunction *relevant* to sexual assault evaluation.
 - Psychosocial support.
2. Discuss and allow for questioning regarding:
 - Anticipated medical procedures.
 - Sexual Assault exam procedures.
 - Reporting options.
 - Consents: Obtain signatures on Sexual Assault forms.
 - Sex Crime Victims Services Fund/Application for Benefits.

History of Assault:

Facts about assault:

1. Source of information (patient or accompanying person).
2. Time and place of assault.
3. Hours since assault.
4. Number of assailants.
5. Name of assailants.
6. Record narrative history of assault (to include "excited utterance", defined as "a sudden statement caused by the speaker having seen a surprising, startling or shocking event..." (Webster's, 2008). This should include direct quotes from the patient.
7. Nature of force used:

- Patient had impaired or loss of consciousness
- Known or suspected drug or alcohol ingestion.
- Verbal threats.
- Use of physical force.
- Use or threat with a weapon and type.
- Physical injuries and areas of pain.

8. Details of sexual assault:

- Which orifices assaulted.
- By what (finger, penis, foreign object).
- If a condom was used.
- If assailant may have ejaculated, and where.

9. Post assault activity:

- If patient showered or bathed.
- If patient douched.
- If patient changed clothes.
- If patient ate, drank, brushed teeth or flossed.
- If patient urinated, defecated.

10. Risk factors of assailant, if known, regarding Hepatitis B, syphilis, and HIV:

- IV Drug Use.
- Man who has had sex with men
- Assailant from and endemic country

Past Medical History:

1. Medical history, especially active medical problems and current medications.
2. OB-GYN history, history of sexually transmitted diseases, use of contraception, and risk of pregnancy.
3. Patient's own history of Hepatitis vaccine or illness.

Discussion with Patient (or Parent/Legal Guardian, if minor):

1. Discuss medical forensic procedures.
2. Discuss reporting to law enforcement (CPS, if minor).

Evidence Collection: (SANE/ER Registered Nurse Function)

A. Equipment located on Sexual Assault cart:

1. Sexual Assault Resource Binder.
2. Forensic Drug forms and envelopes for SBMF.
3. Folder with Sexual Assault assessment, consents, sex crime application form, discharge forms and pamphlets.
4. Sexual Assault Collection Kit (check expiration dates on blood tubes).

5. Plastic speculum.
6. Black permanent marker.
7. Extra envelopes for debris (one piece of debris is placed in each envelope).
8. Extra swabs.
9. Wood's lamp.
10. Swab Dryer.
11. Numbered plastic locks for swab dryer.
12. Plastic Packing Tape.

B. Additional equipment needed but not found on cart:

1. 30cc Normal Saline vials
2. 40 patient labels.
3. Clean sheet.
4. Digital Camera (found in Pyxis).
5. Supplemental Nurses Notes.
6. Additional Paper bags (found in CDU closet, if needed).

Lab Draw

Call the lab to draw a HCG and to fill the purple top tube in the sexual assault evidence collection kit. Remember: The patient has the right to decline the collection of any and all specimens and medications.

NOTE: Once the sexual assault kit has been opened, it may not be left unattended by the RN collecting the evidence.

NOTE: Regarding children, obtain blood last after all other samples are collected and only if other blood tests for medical purposes are indicated.

Date Rape Panel

This is a urine screen to test drug levels if drug facilitated sexual assault is suspected. This panel should be used, if ordered, for any sexual assault patient or anyone requesting this panel for legal reasons. This panel is NOT ordered in Cerner and NOT collected by lab personnel. The RN will use the Chain of Custody form (COC) in the sexual assault cart.

The date rape panel includes:

- Benzodiazapines
- Barbituates
- Alcohol
- MDMA (Ecstasy)
- GHB
- Funictrazetame (Rohypnol)
- Ketamines

Consents

Explain and complete consents for the examination and treatment, photography, and release of information, which is found on the front sheet of the Sexual Assault Assessment. Complete the Sex Crime Victim Fund Application for Benefits. Both are found in one of the folders in the sexual assault cart.

Wood's Lamp

The Wood's Lamp is an ultraviolet light that is used in the dark to examine for fluorescent areas. The lamp should be used wherever the patient indicates semen or other fluid deposits resulting from the assault may be found.

1. Explain the procedure to the patient
2. Turn on Wood's lamp
3. Turn off overhead lighting
4. Allow several seconds for visual adaptation
5. Scan the body approximately 2-3 inches above the body
6. Swab fluorescent areas in accordance with secretions protocol

Photography

At the nurse's discretion, photographs of the general appearance of the victim - torn clothing, blood, dirt or stains on body or clothing can be taken. Bite marks and injuries should be photographed. Bite marks are best photographed with the digital camera found in the Pyxis. If needed, consult the investigating officer for additional photography. Colposcopic photography (not currently available at Memorial Hospital) may be done to document external genitalia and cervical injury – refer to SJRMC if injury is profound and colposcopy is deemed absolute.

Indiana State Protocol

Follow the Indiana State Protocol in collecting the forensic evidence remembering to maintain *chain of custody*.

****The following is a replication of the papers found in the sexual assault kit.**

STATE OF INDIANA ADULT/CHILD SEXUAL ASSAULT EVIDENCE KIT INSTRUCTIONS Please review before each evidence collection

NOTE: This kit is for the collection of the crime laboratory evidence only. All medical samples processed by the hospital lab should be handled in their routine manner. Medical samples to be considered for collection are listed at the appropriate junctures. At each step of sample collection, forensic evidence must be collected prior to any necessary medical samples.

CHILD SEXUAL ABUSE MUST BE REPORTED TO LOCAL CPS OR LAW ENFORCEMENT AUTHORITIES.

Check all items collected.
Complete the chain of custody form on outside of box.
Refer to complete protocol for details.

THE PATIENT MAY REFUSE AT ANY TIME TO GIVE ANY SAMPLE.
ANY REMAINING EVIDENCE POSSIBLE SHOULD STILL BE COLLECTED.

1. ALWAYS PERFORM AND DOCUMENT A COMPLETE VISUAL INSPECTION TO DETERMINE SITES OF INJURY OR POSSIBLE EVIDENCE:

a) Bite marks	e) Bruising
b) Cuts/lacerations	f) Fingernails
c) Patterned injuries	g) Abrasions
d) Contusions	h) Edema
2. FORENSIC SPECIMENS TO COLLECT: (to show association of victim, suspect and crime scene through biological stains, hairs, fibers, and other debris).

A. If assault within 24 hours:

1. Oral, anal, and vaginal swabs and smears
2. Foreign stains or debris
3. Current underwear and other damaged or stained clothing
4. Head and pubic hair combings
5. Known patient blood and hair standards for comparison purposes

B. If assaulted within 24-96 hours: (for children - within 72 hours)

1. Vaginal swabs and smears (not oral; not anal)
2. Foreign stains or debris
3. Collect current underwear
4. Head and pubic hair combings
5. Known patient blood and hair standards for comparison purposes

3. MEDICAL CONSIDERATIONS

- A. STIs - GC, Chlamydia, trichomonas, HIV, hepatitis, etc.
- B. Infection prophylaxis
- C. Pregnancy prophylaxis

4. PACKAGING AND LABELING

- A. All items except washings and blood standards MUST BE AIR DRIED (use swab dryer) prior to packaging. While drying, protect swabs from cross-contamination.
- B. The healthcare providers collecting evidence MUST label each container to identify contents. Tape seals. MUST BE INITIALED AND DATED.
- C. NEVER LICK SEALS. Use tape to seal.
- D. The sealed kit and small clothing bags must be signed and dated by person(s) packaging the evidence.
- E. The completed kit, including the blood standard, should be stored in a locked container/area until released to a law enforcement agency to maintain chain of evidence.

5. CHILDREN - See special instruction notes contained within this document prior to conducting the exam.**AUTHORIZATION FOR COLLECTION AND RELEASE OF EVIDENCE AND INFORMATION FORMS**

Fill out all information requested on the Application for Benefits Form. Have patient (or parent/guardian, if applicable) and witness sign where indicated.

The patient may refuse at any time to give a certain specimen. All of the remaining specimens should still be collected.

FORENSIC SPECIMEN COLLECTION NOTE: Hospital-Clinical specimens may be collected at points indicated by (*).

Anonymous Kit

See Anonymous Sexual Assault Kit Collection Policy for instructions if patient chooses to complete an anonymous kit.

SEE GENERAL INSTRUCTIONS INCLUDED IN STATE OF INDIANA SEXUAL ASSAULT EVIDENCE COLLECTION KIT FOR COLLECTION PROTOCOL

FINAL INSTRUCTIONS

Seal all evidence. Return all samples and copy of this instruction sheet to kit. Seal kit with evidence tape provided. Store kit and any extra bags of clothing in secured area until released to appropriate authority.

Complete chain of custody on kit lid (box top) being sure patient's name and medical personnel initials and signatures are present. Affix biohazard label (found in the sexual assault kit) to lower right hand corner on the top of the evidence collection kit.

Medical Screening Exam:

The ED physician will perform the medical screening exam. If SANE present, after the forensic evidence is collected, the SANE will collaborate with the ED physician concerning the sexual assault and any injury identified in the SANE nursing assessment. Appropriate medical care will be explained to the patient and offered. Physician will order all medications.

Medical care may include:

1. Pregnancy testing (unless patient has had a hysterectomy or is post menopausal)
2. Prophylaxis treatment for STDs (gonorrhea, Chlamydia, and trichomonas)
 - a. Common drug recommendations for gonorrhea include one of the following:
 1. Cipro 500 mg p.o. (only if patient is 18 years or older)
 2. Rocephin 250 mg IM
 - b. Common drug recommendations for Chlamydia include one of the following:
 1. Zithromax 1 gm p.o. (likely to cause nausea)
 2. Doxycycline 100 mg b.i.d. x7-10 days
 - c. Common drug recommendations for trichomonas include one of the following:
 1. Flagyl 2 gm one p.o.
 2. Flagyl 500 mg b.i.d. for 7 days
3. Hepatitis B immunization
 - a. Current recommendations for vaccination of Hepatitis B include:
 1. Recombivax HB Adult dose (10mcg/ml) 1cc IM in deltoid (safe in pregnancy)
 2. HBIG
 - b. Anonymous HIV testing and counseling (may be done at the St. Joseph County Health Department at no charge 572-235-9781)
 - c. Emergency contraception (exception: patient with hysterectomy or is post menopausal or the sexual assault has been greater than 24 hours ago) Follow current recommendations.
 - d. Wet mount for trichomonas. If vaginal discharge or malodor is evident the wet mount also should be examined for evidence of bacterial vaginosis and yeast infection.
 - e. Tetanus booster if greater than 5 years since last booster.
3. Reference CDC guidelines and recommendations for further information. CDC phone number 404-639-6413 if any questions.

Counseling and Resources:

The advocate or RN/SANE will discuss counseling options and community resources for follow-up.

Safety considerations should include:

1. Is the perpetrator nearby or in police custody?
2. Does the patient need a safe place to stay?
3. Encourage the patient not to be alone at home.
4. Where will you go when you leave here? Who will be with you?
5. Offer woman's shelter if needed.

A prescription for counseling will be signed by the physician and copied x2. The original prescription is given to the patient. One is sent with Applications for Benefits, and one remains with the chart. Counseling is available through SOS or patient choice.

Discharge Information:

Verbal and written instructions will be given to the patient upon discharge. Specifically, the front sheet of the Sex Crime Victim Application for Benefits and aftercare information with discharge instructions and referrals, and the folder of pamphlets will be given to the patient. If the patient received a Hepatitis B immunization the CDC handout should also be given. If the patient consents, a friend/relative should also be given the instructions to later reinforce with the patient. Remember patients who have experienced a traumatic event will generally have difficulty focusing and mentally processing all of the follow-up information given to them.

Follow-up and Examinations:

Follow-up care may be obtained through the Family Justice Center Sexual Assault Clinic, St. Joseph County Health Department, or the physician referral.

- a. Repeat pregnancy testing (unless patient has had a hysterectomy or is post menopausal) 2-3 weeks after being seen in the ED.
- b. Exam for STD should be done 2-3 weeks after the sexual assault.
- c. Complete Hepatitis vaccinations at 1 month and 6 months (not offered for anyone greater than 18 at the health department) and give CBC handout.
- d. Anonymous HIV testing and counseling available at the St. Joseph County Health Department free of charge, 572-235-9781. Testing needs to be done baseline, then at 3 months and 6 months after assault.
- e. Other medical follow-up needs as directed by the physician.

Law Enforcement Notification for Kit:

After all the specimens are collected, air dried, and labeled appropriately, the sexual assault kit is sealed, and the clothes are collected and bagged - each piece separately in a paper bag. The law enforcement agency is notified, and the kit, clothes and paperwork is turned over to a law enforcement officer. The clothes and paperwork are secured Sexual Assault cart. If a nurse was called in to do the exam and leaves before the kit, clothes and paperwork are picked up, it is the responsibility of the charge nurse to turn the kit, clothes, and paperwork over to the law enforcement officer. (*The officer gets the yellow copy of the Sex Crime Victim Application for Benefits, a Xeroxed copy of the Sexual Assault Assessment, the clothes, and the kit). USE RED PHONE FOR SOUTH BEND KITS, CALL ST JOSEPH COUNTY POLICE FOR OTHER JURISDICTIONS.

Filing of Sex Crime Victim Application:

Place the Sex Crime Victim Application for Benefits Form (white copy) on the front sheet of the ER chart, a copy of the dictation, and the Sexual Assault Assessment information on the Social Worker's desk. She will send this information with the patient's bill to Indianapolis (302 W. Washington St., Room E203, Indianapolis, IN 46204-2767 - telephone #317-232-0157). This information has to be sent in within 90 days of the sexual assault.

Definition of Sexual Assaults:

A. Rape-IC35-42-4-1(Class B felony) A person who knowingly and intentionally has sexual intercourse with a member of the opposite sex when:

1. The other person is compelled by force or the imminent threat of force;
2. The other person is unaware that the sexual intercourse is occurring, or:
3. The other person is so mentally disabled or deficient that consent to sexual intercourse cannot be given.

B. Sexual Intercourse-An act that includes any penetration of the female sexual organ (labia majora) with the male organ.

C. Criminal Deviate Conduct-IC35-42-4-2(Class B felony) A person knowingly or intentionally causes another person to perform or submit to deviant sexual conduct when:

1. The other person is compelled by force or the imminent threat of force;
2. The other person is unaware that the sexual intercourse is occurring, or:
3. The other person is so mentally disabled or deficient that consent to sexual intercourse cannot be given.

D. Child Molesting-IC35-42-4-3(Class B felony) A person who with a child under 14 years of age, performs or submits to sexual intercourse or deviate sexual conduct.